MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/762051

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/		/		51								
2		/		/		/	52								
3		2		/		/	53								
4		2		/		/	54								
5		2		/		/	55								
6		2		/		/	56								
7		2		/		/	57								
8		2		/		/	58								
9		2		/		/	59								
10		2		/		/	60								
11		2		/		/	61								
12	/		/		/		62								
13		/		/		/	63								
14		2		/		/	64								
15		2		/		/	65								
16		2		/		/	66								
17		2		/		/	67								
18		2		/		/	68								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2		2				TOTAL IND.								
TOTAL DEP.	18		16				TOTAL DEP.								
TOTAL CLAIMS	20		18				TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)